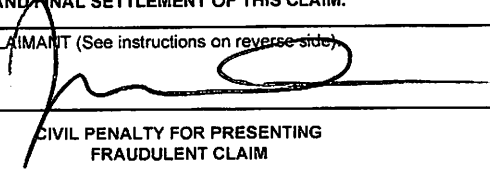


<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Capt. Michael Garcia 375 AMW/JA 101 Heritage Dr., Ste 210 Scott AFB, IL 62225			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  by and through her father and their representative J. Brad Wilmoth, with the law firm of Brown & Crouppen, P.C. 211 N. Broadway, Ste. 1600, St. Louis, MO 63102		
3. TYPE OF EMPLOYMENT <input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS unmarried	6. DATE AND DAY OF ACCIDENT 08/05/2013 Monday	
7. TIME (A.M. OR P.M.) Approx. 3:15 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  See attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  By and through the sexual assault, was made to suffer physical injury, psychological injury and scarring. She required and will require medical treatment in the form of her emergency room visit, psychological and psychiatric care and evaluations. She will likely require medical monitoring for psychological and psychiatric care in the future. This will likely involved counseling but may involve inpatient care.					
<b>11. WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
See attached					
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE  0.00		12b. PERSONAL INJURY  1,500,000		12c. WRONGFUL DEATH  0.00	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  1,500,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM 314-561-6311	
14. DATE OF SIGNATURE 07/29/2015					
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

**INSURANCE COVERAGE**

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

N/A

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

N/A

0.00

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

N/A

**INSTRUCTIONS**

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

**PRIVACY ACT NOTICE**

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

**PAPERWORK REDUCTION ACT NOTICE**

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

8. On August 5, 2013 at approximately 3:15 p.m. [redacted] (age 6 on the day of this incident) was dragged behind a book shelf at the Scott Air Force Base Youth Center by a child that was 12 years old (hereinafter “the assailant” [redacted]) and sexually assaulted. The assailant put his fingers inside of [redacted] waistband and put his fingertips into her vagina. Upon discovery of this incident by Youth Center staff, the assailant admitted that he put his fingers in [redacted] “private parts.” [redacted] later told medical staff that the assailant had “touched over her underpants and inside her underpants ‘where you go pee’”. She identified the assailant as “ [redacted] .”

According to the investigative report that is attached to this form, “[redacted]” was a special needs child with a long history of deviant and sexual behavior. According to the investigative report, prior to this incident “[redacted]” had done a number of deviant things. In April of 2010, he pulled his pants down and exposed himself to a much younger child in the bathroom at the Youth Center. On 7/1/10 he pulled out his penis and exposed himself to children in the computer lab at the Youth Center. On 8/10/10 he slapped a staff member after assaulting other children in the gymnasium at the Youth Center. On 1/24/11 he engaged in a fist fight with other students by the bus. As some point in 2011 or 2012 he de-pants another much younger student (2<sup>nd</sup> grader). In the fall of 2012, he began showing interest in much younger girls in the program which caused a staff member to make a “note of concern.” In the beginning of 2013, he began getting physical with other students in a sexual way by giving out improper hugs. On 6/10/13 he struck another child with a rock at a splash park on an outing with the Youth Center. On 7/22/13 he hit another child. On 7/26/13 he hit another child while at Grant’s Farm on an outing with the Youth Center. There were at least three other incidents where it was recorded that he struck other children during Youth Center hours.

By all accounts, it was clear or should have been clear that “[redacted]” needed to be observed and or cordoned off from other children at all times. This is especially true of younger children and those children of the opposite sex. Furthermore, it is negligent and unacceptable to allow children of different sexes and ages to co-mingle in any youth setting. This is especially true when there were between 25-30 children and only 4 adult staff members available to observe them.

It is our allegation that the Scott Air Force Base Youth Center, through its employees and agents, is negligent in one or more of the following ways:

- 1) It negligently allowed children aged 5-12 to comeingle without proper adult supervision;
- 2) It negligently allowed children aged 5-12 to comeingle and play in an area where it was difficult to properly observe them at all times;
- 3) It negligently allowed “[redacted]” a child with a reported history of deviant and violent behavior, including sexual behavior, to play with other children of varying ages and sexes;
- 4) It negligently failed to properly supervise “[redacted]” and [redacted] to prevent the sexual assault that occurred;

- 5) It negligently failed to warn staff on August 5, 2013 of the risk of “ ” playing with other children so that the staff could take the proper precautions;
- 6) It negligently failed to warn s parents about “ ’ behavior which allowed them to unwittingly let her be cared for in close proximity to a potential sexual predator;
- 7) It negligently failed to take remedial steps to treat or counsel “ ’ about his behavior which would have prevented the sexual assault on August 5, 2013;
- 8) In negligently allowed 25-30 children to be supervised by an insufficient number of adult staff;
- 9) It violated internal protocols including but not limited to the following: S110, S182, S187, S202, and S227;
- 10) It negligently failed to prevent the sexual assault from occurring when the staff failed to respond to “ ’ pulling . behind the bookshelf before he sexually assaulted her;
- 11) In was negligent any additional ways that may arise under common or statutory law and which may or may not be discovered throughout the course of discovery into this matter.

For further reference into this claim, witnesses, or additional facts, please see the attached report which is unfortunately heavily redacted. See also the verdicts and settlements attached which support our demand amount. See also, the attached medical records for the minor claimant.

11. Witnesses include but are not limited to the following:

- a. (minor claimant)
- b. Mr. (same address as )
- c. mother (same address as )
- d. Other family members who will testify as to damages.
- e. Any and all faculty and staff of the Scott Air Force Base Youth Center present on August 5, 2013 including but not limited to the Child and Youth Program Assistant, the Director, 25 additional children and 4 additional staff members. Their names and contact information have been redacted in the attached investigative report.
- f. Any and all medical doctors and staff represented in the attached medical records.